



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: GREENE COUNTY GENERAL HOSPITAL

City of Hospital: Linton

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: April Settles

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Medicare Provider Number: 15-1317

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$14190557.90
Outpatient Patient Service Revenue	\$70984645.04
Total Gross Patient Service Revenue	\$85175202.94

2. Deductions From Revenue

Contractual Allowance	\$53894480.91
Other Deductions	\$0
Total Deductions	\$53894480.91

3. Total Operating Revenue

Net Patient Service Revenue	\$31280722.03
Other Operating Revenue	\$1963130.11
Total Operating Revenue	\$33243852.14

4. Operating Expenses

Salaries and Wages	\$12853877.42	Employee Benefits	\$3058898.64
Depreciation and Amortization	\$1072914.18	Interest Expense	\$346366.83
Bad Debt	\$7436672.87	Other Expenses	\$11680000.92
Total Operating Expenses	\$36448730.86		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3204878.72	Total Assets	\$20786636.66
Net Non-operating Gains over Loss	\$42531	Total Liabilities	\$14901600.26

Total Net Gains	\$-3162347.72
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$39606469.37	\$25060933.62	\$14545535.75
Medicaid	\$8858221.11	\$5605026.01	\$3253195.1
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$36710512.46	\$23228521.28	\$13481991.18
Total	\$85175202.94	\$53894480.91	\$31280722.03

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	10936
Number of Citizens Exposed to Health Education Messages	32177

Statement Six: Charity Statement

Hospital Charity Charges	\$255166.16
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$1,198,096		
Subtotal	\$1198096	\$0	\$1198096
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1198096	\$0	\$1198096

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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